

FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18958

STATE FILE NUMBER

4776

Registration District No.

318

Primary Registration District No.

1003

Registration No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR St. Louis TOWN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 5888 Maffitt		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) City Hospital				Length of stay in lb 50 yrs.		e. STREET ADDRESS 5888 Maffitt	
3. NAME OF DECEASED (Type or print) George R. Leavitt				4. DATE OF DEATH Month May Day 21 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 18, 1900	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Employee				10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and state or country) New York City, N.Y.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Max Leavitt				14. MOTHER'S MAIDEN NAME Lena Scheckewitz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 1				16. SOCIAL SECURITY NO. - Unk -		17. INFORMANT Address Selma Leavitt 5888 Maffitt	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
INTERVAL BETWEEN ONSET AND DEATH							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - 420-1			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION				COUNTY STATE			
21. I attended the deceased from Aug. 31, 1946 to May 21, 1957 and last saw him her alive on 4/30/57 Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) Julius Olson, M.D.				22b. ADDRESS 607 N. Grand			
22c. DATE SIGNED 5/21/57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE 5/22/1957			
23c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag.				23d. LOCATION (City, town, or county) (State) Ladue, Missouri			
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson				25. DATE RECD. BY LOCAL REG. MAY 21 '57			
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.							

X St. Louis City Hospital 50 yrs. St. Louis Missouri
 George R. Leavitt May 21, 1927
 Male White March 18, 1900 27
 Office employee City of St. Louis New York City, N.Y. USA
 Max Leavitt Lena Schneckwitz
 Yes W.W. # 1 Selma Leavitt 5888 Leavitt

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
 by me, or by Student Embalmer No.....
 working under my personal supervision..

Student.....
 Signature of Student Embalmer

Signed *Quinn G. Quiring*
 Licensed Embalmer No. 42

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ()
 to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.

Better Electrical 415 McPherson
 Removal 5/22/1927